EUREAU V. S.

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BECEINED

358\$

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EVAMINED'S CERTIFICATE OF DEATH

MEDICAL EXAMINER 5 CE	MILITORIE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND	STATE Md. COUNTYCecil	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RISING Sun, Rural Passing	CITY (If outside corporate limits write RURAL and OR Port Deposit	give nearest town)
HOSPITAL OR INSTITUTION OR NEW Bridge Ro ad	STREET ADDRESS 45 N. Main	/
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) John Gorrell	Baker DEATH 4 27	1955
RACE: WIDOWED, DIVORCED.	ATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y. 72 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, Reputational Reputation Reputational		COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Baker	Leah Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service) 218-32-1174	Marie Lamb Baker. Port Deposit.	Md.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Occlusion	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING District, office bldg., e INJURY.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while Multiply Not work ☐ at work ☐		
22. I hereby certify that I took charge of the remains described		Inquiry M. and
find that death resulted from: Natural causes DE, Accessionature		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or con	unty) (State)
WE REC'D BY LOCAL REESTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

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MARGIN	WITH UNFADING INK.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03561 CERTIFICATE OF DEATH Reg. Dist. No. 96 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Cecil STATE Maryland COUNTY Cecil MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Perryville 55 yrs CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perrvville HOSPITAL OR STREET (If rural give location)

COUNTY Cecil MARYLAND	· STATE Maryland county Cecil
CITY (If outside corporate limits, write RURAL LENGTH OF ST. OR and give nearest town) TOWN PETTYVIIIE 55 YES	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
IIOSPITAL OR INSTITUTION OR STREET ADDRESS Susquehannah Ave	STREET (If rural give location) Susquehannah Ave.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William Theodore	(Last) 4. DATE (Month) (Day) (Year) 55 55
Male White Specification 12	PE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Conductor Rail Road	
William Boulden	Annie Cleaver
15 WAS DECEASED EVER IN U.S.ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Martha A. Boulden Perryville Md.
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO (c)	Interval Between Onset And Death
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE (Specify) OF office bldg., etc.) INJURY	reet, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on 1955, and that death occurred at (Degree or title) 23. BURIAL, CREMATION, REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGISTRAR'S SIGNATURE A POLICY OF THE PROPERTY OF THE PRO	TERY OR CREMATORY LOCATION (City, town, or county) (State) Port Deposit, Md. Rural Address Address
	Ferryville, Md.

DECEDVED APR 12 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ct	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
corre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 92
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	9
The ly.	COUNTY & LEW MARYLAND	STATE MA COUNTY COL	ul_
carefully. The and legibly.	CITY (If outside corporate limits, write RURAL LENGTH THE TANK THAT (OR and give nearest fown)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
n care	HOSPITAL OR DINSTITUTION OR STREET ADDRESS / 08 Bettul	STREET ADDRESS OF Belling (If right, give Ocation)	/
f information death clearly	3. NAME OF DECEASED: (Type or Print) DA/2 +/EL	BROWN SEATH 4 2	3 1955
infordeath	RACE! WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months De	ys Hours Min.
0.0	work do e during most of work life, even in retiron (Give kind of inches of work life, even in retiron).	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
y every iter the causes	13. FATHER'S NAME: Phonas Brown	Martia Pullacela	wu.
ply ev	15. (Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	Madeline Brown El	leton my
INK. Supply please write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	al Certification	INTERVAL BETWEEN ONSET AND DEATH
ple	Immediate cause		
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b)	itis	
ADI ciar	giving rise to the above cause DUE TO		
JE A	stating underlying cruse last (c)		
t. Ph	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
WIT	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No.} \)
LY, WITH important.	21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.		(State)
AIIN	21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. While at work □	21f. HOW DID INJURY OCCUR?	
PL	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🔲 , Inspection 🖈	Inquiry D, and
ES es	find that death resulted from: Natural causes , Acci	dent [], Suicide [], Homicide [], Undeter	
WRITE ge is es	SIGNATURE CONDUCTION	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-25-63
ASE	DEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or ex	unty) (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
ping	diline		

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



APR 27 1955

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	3573 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03563 Reg. Dist.
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 92
je	I. PLACE OF DEATH: COUNTY OF DECEASED: MARYLAND STATE MA. COUNTY OF DECEASED:	il.
carefully. Thank and legibly.	CITY (If outside corporate limits write RURAL LENGTH OF STAX) OR and give peacest from the place of TOWN CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
	HOSPITAL OR INSTITUTION OR CLUAY, HOLL STREET ADDRESS (If rural, give location)	/
f information death clearly	3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day OF (Type or Print) A MUEL EMORY. BRUCE DEATH H 12	1955
f infordeath	Mi fund (Spectaring Ct) 0 - 21 00 77 yrs.	ays Hours Min.
0 41	work done divine most of work life, Schuld Planting maryland	CONTRACT.
cau	13. FATHER'S NAME: 14. MOTHER'S MAINEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO. 1 12 INFORMANT & ADDRESS:	n·
oply te th	(Yes, no, or unk.) (If Yes, give war or dates of 161-14-5096 mary Ft. M Caunking 18	ild colud
1	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
G INK.	Immediate cause (a) Cleule Coronary Declusion DUE TO	
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b)	
	stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Y, WITH	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
-	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY) 21c. (City or town) (County)	(State)
LAIN	2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while work 21f. HOW DID INJURY OCCUR?	
ITE PLAI is especial	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes Accident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER	
WRI ige is	Religion M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-19-05
PLEASE WRITE age is es	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or compared to the com	ADDRESS
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR 126. FUNERAL DIRECTOR 126. FUNERAL DIRECTOR 127. FUNERAL DIRECTOR 128. FUNERAL DIRECTOR	Elkton, Md.
	W. A Zucky	0

BECEINED

APR 25 1955

BUREAU V. S.

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3588

CERTIFICATE OF DEATH

Reg. Dist. No. 96

03564

1. PLACE OF DEATH:		2. USUAL RESIDEN	ICE (HOME) OF DECEAS	ED:
COUNTY Cecil	MARYLAND	STATE Maryla	and county Hari	ford
CITY (If outside corporate limits, write RURAL)	LENGTH OF STAY	CITYIIf outside co	rporate limits, write RURAL	
X TOWN Perry Point	2 days	OR TOWN Stree	t	12x-2
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Administr	ration Hospit	STREET ADDRESS R. I	(If rural give location	1)
3. NAME OF (First) (Mid	ddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Frinc)		DAVIS	OF DEATH: April	4 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARK WIDOWED, DIV (Specify): Mari	VORCED.	of Birth: 9.	AGE last birthday IF UNDER Months	Days Hours Min.
work done during most of working life, or even if retired): Teacher-Ret. High So	INDUSTRY.	al Maryland	ate or foreign country): 12	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Frank Davis		Ella Spicer		
	CIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	0-20-5330	Hospital Rec	ords, VAH, Perry	Point, Md.
18. ME I DISEASES OR CONDITIONS DIRECTLY LEADI	EDICAL CERTIFICAT NG TO DEATH	ION		INTERVAL BETWEEN
			assive base of	
ANTECEDENT CAUSE (S)	obrain and ov	er inferior si	urface of the ce	rebellum
DISEASES OR CONDITIONS, IF ANY, (B)		an arteriosc.	lerotic cerebral	2 to 3 days
STATING UNDERLYING CAUSE LAST.	o vessel			
(C)	Arteriosc.	lerosis genera.	lized and	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Celebi	ral, severe		
194. DATE OF OPERATION: 198. MAJOR FINDI		N		20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fac RY street, office bldg.,	etc. 1NJURY OCCUR?		inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E While M. at wo		21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that Tattended the dece	eased from 4-2.	, 1955, to 4-1	, 1955 , XIXXXXXX	SERROPROCESSES
arread and that	death occurred at	9:20p M, from the	causes and on the date	e stated above. ATE SIGNED
W. OPPLER, Chief, Professional	l Services M	. D. VAH, Perry	Point, Md. L	+-5-55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) REMOVAL (SPECIFY) 14-5-55	Emory Chi	ERY OR CREMATORY	Street, Maryl	
DATE REC'D BY LOCAL REGISTRAR'S SIGN	NATURE	24. FUNERAL DIE	RECTOR 2/5 Ba	DODRESS

DECENTED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
N TOWN Perry Point 7 days	TOWN Abingdon /2X-2
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
OSTREET ADDRESSVeterans Administration Hospit	al V
	(Last) 4, DATE (Month) (Day) (Year)
DECEACED.	OF
(Type or Print) RALPH W.	DAVIS DEATH: April 12 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify): Married 11-	8-1876 78 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired): Guard	Maine USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
O. D. W. L.	Taganhina Dann
George Davis	Josephine Dean
B. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates Yes of service) Spanish American Unknown	Hospital Records, VAH, Perry Point, Md.
18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
446X	
IMMEDIATE CAUSE (A) IInomi e 8	rteriosclerosis of kidneys
DUE TO	
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE	eding esophageal varices.
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. 4010/31/
	YES NO
IA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
ID TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While Not while	
22. I hereby certify that attended the deceased from 4-5	, 195,, to 4-12, 1955, making concensions
and that death occurred at	
	ADDRESS DATE SIGNED
SIGNATURE U, LYMPHEL	
	. D.
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Removal (Specify) Opris, 1987 Bel Air	Memorial Bel Air, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	24. FUNERAL DIRECTOR ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 92

MINDICAL EXAMINER 5 CEL	ATTIOATE OF DEATH	No/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 - 1
COUNTY Deel MARYLAND	STATE MA' COUNTY HANG	ora.
CITY (If outside exposes limits brite RURAL LENGTH OF STA (in this chare) TOWN	Y CITY (If outside corporate limits write RURAL and OR TOWN A COLUMN COL	give nearest town)
HOSPITAL OR STREET ADDRESS Clicion Hosp.	STREET Coulors S	T, 2.24.2
8. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) RANK. (Middle)	EBAU9h 4. DATE (Month) (Day)	(Year) 19 5 5
6. SOLOR OR 7. SINGLE, MARRIED, 8. DA. WIDOWED, SIVORGED, 3	TE OF BIRTII: 9. AGE last birthday: IF UNDER I Y. Rouths Da	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USVAL OCCUPATION (Geokira) of 110b. KIND OF BUSINESS	OR 11. BORTHPLACE (State or foreign country): 12.	COUNTRY!
13. FATHER'S NAME: De Paugh.	14. MOTHER'S MAIDEN NAME Passe	£
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 2/7-05-/459A)	17. INFORMANT & ADDRESS: MIX Malel Walstram El	Untowned.
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	al Hennorhage	ONSET AND DEATH
	at meninimary	
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
glving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq No \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING OF Street office bldg et CAUSE OF DEATH.	allaton ceed	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 4 3 1965 2 M. Work 1 at work 2	Hell down tops	
22. I hereby certify that I took charge of the remains described		
find that death resulted from: Natural causes [], Acc	CHIEF MEDICAL EXAMINER	mined cause [].
Allwodson	M. D. ASSISTANT MEDICAL EXAMINER	4-7-55
REMOVAL (Specify):	ERY OR CREMATORY LOCATION (City, town, or con	A .
DURIAL WIR, 4 SI / LOCK / 10	11 CEMI. HARFORD CO.	ADDRESS
DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE	R. Magison Mutchell Ham	d Thace
	The state of the s	Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

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DECENTED

MARYLAND	3574 STATE DEPARTMEN	r of health-	BALTIMORE,	18
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	correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.	92
	e le	I. PLACE OF DEATH: COUNTY OUL MARYLAND STATE MA' COUNTY OUL	il
M	carefully. The and legibly.	CITY (If outside corporate limits write RURAL OF STAY OR and give rearest town) (in the limits write RURAL and give OR TOWN CONCENSION)	nearest town)
	ly and	HOSPITAL OR STREET ADDRESS (If rural, give location) STREET ADDRESS	/
	information leath clearly	DECEASED: (Type or Print) VILLIAM EARL EDLEY. OF DEATH 4 12	(Year) 1965
	f infor	M. WINOWED DIVORCED, 7-23-1962. & - VIS. Months Days	Hours Min.
ING	041	The agence	ZEN OF WHAT
BINDING	every item	13. FATHER'S NAME: 14. MOTHER'S MAINEN NAME: Sheror	v
K	Supply ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: H. INFORMANT & ADDRESS: (Yaynond Ebley. Charles)	lowning
MARGIN RESERVED	UNFADING INK. Su Physicians: please wr	In diseases of conditions directly leading to death: 1	ERVAL BETWEEN
MA		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	LY, WITH important.		AUTOPSY? Yes □ No Ø
1	E PLAINLY especially im	PRIMARY (Lor CONTRIBUTING OF street of collider etc.) CAUSE OF DEATH. OF street of collider etc. Cause of Death. Of the collider etc. Of the collide	not.
	RIT	DEPUTY MEDICAL EXAMINER OF	
5 - 53	ret.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify):	(State)
A15A -	PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGGINAL 18 THE STREET SIGNATURE 24. FUNERAL DIRECTOR APPLICATION CONTROL OF THE SIGNATURE CONTROL OF THE STREET CONTROL OF THE SIGNATURE CONTROL OF THE STREET CONTROL OF THE SIGNATURE CONTROL OF THE	ADDRESS
VS.			

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3576 CERTIFICATE OF DEATH

		U	U	U	U	U
Reg	Dist.	No		9	2	

03569

0010	Tog. Dist	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Ceril MARYLAND	STATE MICH COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL of CR	and give nearest town)
HOSPITAL OR INSTITUTION OR 105 Park Cir.	STREET (If rural give location) ADDRESS 105 Park Cir.	1
3. NAME OF (First) (Middle)		Duy) (Year)
DECEASED: (Type or Print) Carol K. Ed	OF DEATH: Abril	19 19.55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, A.A.	OF BIRTH: 9. AGE last birthday IF UNDER I	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired):	Mary land	USA
13. FATHER'S NAME!	14. MOTHER O MAIDEN NAME:	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Horrigan	
(Yes, no, or unk.) (If Yes, give war or dates of service) Sold You # 1 2/8-32-1261	1 0 5 105 Park	Cir.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) My O Card	line Tailure	5 mules
ANTECEDENT CAUSE (8)	and the second	. Mare 120 10
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	in for cum	mace, my
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Man		
alive or 19 , 19 , and that death occurred at SIGNATURE	ADDRESS	stated above.
	D. MARGERY DOCATION (Oity, town, or	r county (State)
Burial 4/22/55 new/mmac	wlate Conception R. D. ElKtos	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS M. A

BUREAU V. S.

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	MARGIN RESE	CALLEY ATTACKS STREET, SO STATES AND THE COLUMN STREET, STREET
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	MARYLAND STATE DEPARTMENT OF I		Reg. Dist.
	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 92
1. 1	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	10
è (COUNTY MARYLAND	STATE MA · COUNTY COLL	il
	CITY (If outside compress limits, write RURAL LENGTH OF STAY OR and the capte town Mural Zin his place)	CITY (If outside corporate limits write RURAL and OR TOWN	0
II.	IOSPITAL OR NSTITUTION OR TREET ADDRESS	STREET (If rural, give location)	/
9 1	NAME OF DECEASED: (First) (Middle) WARRE (Type or Print) / / / / / / WARRE	NATLOWERS DEATH 4 16	(Year) 19 6 6
eat	MINING SPAN AND WED, DIVORCED 7-1	9-1886 9. AGE last birthday: IF UNDER I Y. Months Da	ys Hours Min.
Jo 10a	WOULD OCCUPATION Give kind of the KIND OF BUSINESS OF WORLD WOULD	11. BIRTHPLACE, (State or foreign country): 12.	COUNTRY?
can	FATHER'S NAME: Felowera	14. MOTHER'S MAIDEN NAME:	
±2 (X	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS Floriers, El	laton had
write		AL CERTIFICATION	INTERVAL BETWEEN
please	Immediate cause (a) DUE TO	vronary Ocelemin	ONSET AND DEATH
	Antecedent cause(s)		
Physicians:	Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ No
	A. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY		(State)
cially	I. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY Mr. □	21f. HOW DID INJURY OCCUR?	
	2. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes of Accidental Control of Control	dent [], Suicide [], Homicide [], Undeter [], Suicide [], Homicide [], Undeter [], Undeter [], White [], W	Inquiry ✓, and mined cause □. DATE SIGNED 4-/5-0
n 23.	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER PROVIDED STATE OF CEMETER PRODUCT STATE OF CEMET	sion Cometery near Bel air Hardo	unty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECEPTION 15 H FLASON	24. FUNERAL DIRECTOR Posipin Kuneral Home E	ADDRESS
		By mag	1.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

3577

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

		,
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	. 0
COUNTY (MARYLAND	STATE Med COUNTY	Cecil
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
2 OR give nearest town) (16 to) (in this place)	TOWN Elloton	21
HOSPITAL OR	STREET (If rural give location)	1
INSTITUTION OR / / / / /	ADDRESS 12 - M. 11. H	
OSTREET ADDRESS / A O MOSILIA	150 Maffell of	<u> </u>
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ARTHUR E	OFRANT DEATH CEST	75 1905
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	
WIDOWED, DIVORCED (Specify)	cect 6 /876 78 grs. Months	Days Hours Min.
100 HISHAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS AR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	maryland 1	COUNTRY
done-during most of working life, even if retired) INDUSTRY 13, NATHER'S NAME 13, NATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.04
1 Set	Mar !	
15. WAS DECHASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. JNFORMANT OF	
(Yes, no, or unknown) (If yes, give war or dates of	The state of the s	1 P. SMT 1
(service)	John trans 120 Maffitt	The Capter of
18. MEDICAL CEI	RTHICATION	7
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/ /	INTERVAL BETWEEN ONSET AND DEATH
Toursellete source (a) (Marine)	stretitul Vereliasti	5 yems
Immediate cause (a)		
Antecedent cause(s)		1.1 11
Diseases or conditions, if any, (b)	01 444 00 00 00 00 00 00 00 00 00 00 00 00	9 44-15
giving rise to the above cause stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		T
Conditions contributing to the death hut not related to the disease or condition causing death.	ets	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗾
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office hidg., etc.)	(0111 011 10 1111)	(021122)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	: HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJUNI OCCUR:	
INJURY m. Work At work		
	1. Par - 18	
22. I hereby certify that I attended the deceased from	, 19.2, to	aw the deceased
	/	
alive on	ADDRESS. Irom the causes and on the date st	DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS	DATE STUNED
Kimas L. Shrym Mll L	458.144 BLECKED AND	4/25/53
	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL (Specify) 4-29-55 MITCH	roles n-This Cent	40
- Volley Tay Jo 1 11-eth	24. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS
REGlipiel 26 Horagu	Hoseph (1) Frank Jorch	Cay ma

fully. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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Physicians:

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every item of information carefully. of death clearly and legibly.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING

Mruble Strate Committee Co		03571
MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	000.1
3578 CERTIFICATE	E OF DEATH Reg. Dist.	No. 92
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Cecl MARYLAND	STATE Md COUNTY CO	1.0
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) (in this place) 2 TOWN (Show) 3 mo	TOWN . Claton	21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET (If rural give location) 206 Eash May	'n
		Day) (Year)
DECEASED: (Type or Print) Sarah &	Crubb DEATH CEpril	20 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9, AGE last birthday IF UNDER 1 Y Months D	
Tenal While (Species narried July	4 29 1923 31 yrs. Months	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Housewife	md	COUNTRY
13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:	
Walter Harrigan	Sarah tram	e
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	1+ > 1
of service)	Charles Truth Ir Clk	un ma
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Guerres Col	a comment of the livy	Hlm 18 mother
ANTECEDENT CAUSE (S)	T	
DISEASES OR CONDITIONS, IF ANY. (B)	· ·	
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1-16-54 Sirpsy of Celvy - Con Ozor	you all-monther ale yfe	YES NO
21A. ACCIDENT WAS UNDERLYING 21A PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from 16.	, 19.54, to H , 19.55, that I last	saw the deceased
SIGNAGURA DA	M, from the causes and on the date of DAT	stated above.
23. BURIAL, CREMATION, DATE THEREO NAME OF CEMETE	ERY OR CREMATORY LOCATION, (City town or	county) (State)
REMOVAL (PECIFY) 4-23-1935 (- Lenry 6	fill m-choding Nolom O. D.	Geel mod
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/15/2007	many navy	weep. "us



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1. PLACE OF DEATH:

COUNTY

tion	TOWN Part Delivert Aural Life	TOWN Port Wefrasil
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS COSLOW
m of informa death clearly	DECEASED: (Type or Print) Amel Lewy Aa	Last) 4. DATE (Mont) OF DEATH: 4
y items of d	Male closed 5. Single, Married 8. Date Wildows, Divorced, 10-18	of BIRTH: 9. AGE last birthday 1
y every	work done during most of working life. even of regired to the control of the con	Maryland
Supply every te the causes	13. FATHER'S NAME: Hawkins.	Hyother's MAIDEN NAME:
K. wri	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mary Jones, Parkle
	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion / /
I	15 MEDIATE CAUSE (A) Carac	nomo of storesch
INI	ANTECEDENT CAUSE (\$)	\mathcal{C}
WITH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
WI	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rio-Selerorio -
. 7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
ed.	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
m	OF INJURY	21F. HOW DID INJURY OCCUR?
OR.	22 I hereby certify that I attended the deceased from 720.	70, 19 5, Sto 4 M. 1955, th
SE TYPE	alive on 17, 1955, and that death occurred at	ADDRESS & LAS
PLEASE		ERY OR CREMATORY LECATION (City
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4-23-1953 June E. Lougholy	24 FUNERAL DIRECTOR

MARYLAND

3591

(If outside corporate limits, write RURAL LENGTH OF STAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03572 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY(If outside corporate limits, write location) (Day) F UNDER 1 YEAR Months Days Hours 12. CITIZEN OF WHAT COUNTRY ONSET AND DEATH 20. AUTOPSYT YES [(County) (State) at I last saw the deceased he date stated above. DATE SIGNED

DECENVED 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

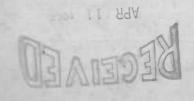
Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 9
MINICAL		CHILITICITIES	OT.	DESTRICT	140

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: The ly. COUNTY Cecil Md. Cecil STATE COUNTY MARYLAND carefully. and legibl LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Rainbridge (in this place) TOWN Manor Hts. Port Deposit, Md. DOA HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS U. S. Naval Hospital 220 Laffey Circle, Apt. B. STREET ADDRESS (Middle) (First) (Last) (Month) (Day) (Year) DECEASED: CHARLES RICHARD HINES DEATH 19 (Type or Print) 7. SINGLE, MARRIED. 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS 5. SEX: WIDOWED, DIVORCED, White: (Specify): single Male 10b. KIND OF BUSINESS OR IOa. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): U.S.A. Japan 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Irven Laverne Hines Chieko Sato 17. INFORMANT & ADDRESS: 220 Laffey Circle, Apt. B. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) | (If Yes, give war or dates of service) Irven L. Hines Manor Hts. Port Deposit.Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Gastroenteritis Acute Immediate cause Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc., 21f. HOW DID INJURY OCCUR? pecially 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) While at Not wbile INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry []. and find that death resulted from: Natural causes X, Accident [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF (State) 4-8-55 Cremation
DATE RECO BY LOCAL
REG. 4-7-55 Green Mount Crematory Baltimore. REGISTRAR'S SIGNATURE 24. YUNERAL DIRECTOR ADDRESS/

of information of death clearly Supply evwrite the RESERVED INK. C UNFADING Physicians: MARGIN AINLY, WITH ally important. PL RITE is e ×

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PUREAU V. S.

DATE REC'D BY LOCAL

REGISTRAR

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Reg.	Dist.	No.	92
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2.	USL	JAL RE	SIDEN	CE (I	HOME) OF	DEC	CEAS	SED:				
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Last		ور ۲۲			DATE OF DEAT						()		
2.5	BIR	873		AGE I	ast bir	thday yrs.	Mor	ths	Da 2. C	ys ITIZ	Hours	F W	in.
14	. MC	THER:	Mail MAIL	DEN I	A))	d			em.	6.6	TRY?	1	
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etc.	INJ	URY O						(Co	unty)	(:	State)	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

LOCATION (City, town or county)

(State)

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BUREAU V. S.

W.a. Lucy

C C	MARYLAND STATE DEPARTMENT OF	HEALTH—DALTIMORE, 10	Reg. Dist.						
correc	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 92						
o e	I. PLACE OF PRATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	.'0						
The	COUNTY OLC MARYLAND	STATE MA COUNTY COUNTY							
rully. legik	OR and the tear state Almits, write RURAL LENGTH OF STAY TOWN	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CLUB COUNTY (X							
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)							
of information carefully. I	3. NAME OF DECEASED: (First) (Middle) (Type or Print) Charles William	Hold in 988 4. DATE (Month) (Day) (Year) OF DEATH 4 86 1955							
death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER I YI Months Day								
0	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O	maryland.	CITIZEN DE WHAT						
cau	13. FATHER'S NAME: Holding 14. MOTHER'S MAIDEN NAME:								
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Charles- Prolating gr. El	leton hid.						
INK. please	Interval Between Onset and Death Interval Between Onset and Death Antecedent cause (a)								
UNFADING Physicians:	Diseases or conditions, if any, (b) giving rise to the above cause stating underlying cause last (c)								
, WITH	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:								
	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	.,	(State)						
PLAINLY pecially in	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while work at work								
WRITE Pl	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquifind that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.								
ASE	REMOVAL (Specify): 4/28/1955 EIKton Cs	RY OR CREMATORY LOCATION (City, town, or ed	Md						
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS						
Julie	JI Jiman	The state of the s	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T						

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The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03576 3580 CERTIFICATE OF DEATH Reg. Dist. No. 92-
carefully legibly.	1. PLACE OF DEATH: COUNTY Ceril MARYLAND STATE Mod COUNTY
and and	2/TOWN Chilon Sign Town Elpton R-Fe D # 2 X
information	HOSPITAL OR INSTITUTION OR STREET ADDRESS Whin Hospital OR STREET ADDRESS (If rural give location)
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) WILLIAM 5. ITUNT DEATH: April 15 1955
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) and (Specify) an
ING y every causes	10A. USUAL OCCUPATION (Give kind of work of working iffe, even if third: funds to the during most of working iffe, even if third: funds to the during the following iffe, even if third: funds to the during the following iffe, even if third: funds to the following iffe, even if third: funds to the following interest to the followi
BINDIN Supply	13. FATHER'S NAME: Leve Hunt 14. MOTHER'S MAIDEN NAME: 20 Information
K. IK.	(Yes, no. or unk.) (If Yes, give war or dates of service) 18/-07-7744 Manuel Hunt R. J. H. Elhton
@	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 540.0
ESEI NFA	ANTECEDENT CAUSE (S) (A) LET OF LICELIST SILVE LINE LINE LINE LINE ANTECEDENT CAUSE (S)
	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO OR OF THE ABOVE CAUSE OUE TO
IAR, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
4	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7
VRITE PL	
P	Of MASSICE
3 E OR age is	22. I hereby certify that I attended the deceased from 195, to Office, 196, that I last saw the deceased
10 - 5 TYP rect	alive on
S. A15—PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, for county) (State) REMOVAL (SPECIFY) Removal (State) Removal (State)
PL PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

AM. Z.



BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MADYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18

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MEDICAL	EXAMINER'S	CEI	RTIFICATE	OF	DEAT

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 94
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	6
COUNTY Deed MARYLAND	STATE MA' COUNTY COLO	ul
CITY (If outside orporate limits, write RURAL OF STAY OR and give meared that the limits, write RURAL LENGTH OF STAY OR TOWN	CITY (If outside cornerate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)	1 del
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Prin) I CNEV GLENN A	IANNINEU OF DEATH 4 8	1953
M. Milite WIDWED, DIVOCCED, 12/	oc 7 yrs. 0 10 2	Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even work life,	R 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY G.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward Jeanniney	Ruly Persons	
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	10.7- 2.1
service)	Earrand franciney El	necox ma.
Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating underlying cause last (c)	en pox	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No } \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	7, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY M. M. While at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accisionature.	ibed above, held an Autopsy [], Inspection Added to the control of	Inquiry , and mined cause DATE SIGNED 4-4-65
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 4-5-55	LOCATION (City, town, or con the following con the following con the following control to the fo	ADDRESS
4-5-55 Stable Notherme	by Just ho	rely Easy a
2014346394		

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3581 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

ct	MARYLAND STATE DEPARTMENT OF I	HEALIH—BALIIMURE, 18	neg. Dist.
corre	MEDICAL EXAMINER'S CER'	TIFICATE OF DEATH	No. 92
	I. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEMBED:	:0
The ly.	COUNTY COLUMN MARYLAND	STATE MU COUNTY COUNTY	u
carefully. The	OR and give pared form) With RURAL LENGTH OF STAY (17 OWN)	CITY (If out-file corporate limits write-RURAL and OR TOWN CHAMILE CORPORATE	give nearest town)
n care y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION DUSPITAL	STREET (If rural, give location) ADDRESS	
of information f death clearly	3. NAME OF DECEASED: (First) FRTRUCE (Middle) (Type or Print) FRTRUCE (Middle)	YELLUM OF DEATH # 26	(Year) 1955
infor leath	5. SEX. SCOLOR OF 7. SINGLE, MARRIED, 8. DATE WINGWED DAYORCED 1/-	1-1897. 57. yrs. Months Ds	ys Hours Min.
g 0	10a. USUAL OCCUPATION (Give kind of work depth during most of work life, even by characteristics) (River in the control of work life, even by characteristi	11. BARTHPLACE (State or foreign country): 12.	COUNTRY WHAT
cau	13. FATHER'S NAME: Walstrum	Hattil Singleton	
Supply ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Mm Mellum Charles	tourhed.
INK. lease	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Had a language (a) Conditions DIRECTLY LEADING TO DEATH:	boronary Declinia	INTERVAL BETWEEN ONSET AND DEATH
N.G.	Antecedent cause(s)		
DI	Diseases or conditions, if any, (b)giving rise to the above cause DUE TO		
YFA	stating underlying cause last (c)		
H UNFADING t. Physicians: p	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
VIT	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
LY, WITH important.	PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.		(State)
AIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I took charge of the remains describ	bed above, held an Autopsy [], Inspection	Inquiry , and
ITE is es]	find that death resulted from: Natural causes Accid	CHIEF MEDICAL EXAMINER	mined cause [].
WRITE ge is es	1/2 Chorlson	M. D. ASSISTANT MEDICAL EXAM.	4-23-55
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 4/22/55 Charles town	Meth. Cem. LOCATION (City, town, or co	menulong (State)
PLE/	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR + N + 15.	ADDRESS
4	sepur 16 dillager	Joseph 1). your, 1 out as	v, 11-4-

MARGIN RESERVED FOR BINDING VS. A15A - 5 - 53

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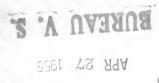
VS. A15-10-53

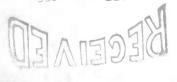
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03579

MARILAND	STATE DELAKIMENT OF HEALTH—BALL
3582	CERTIFICATE OF DEATH

Reg. Dist. No. 92

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
legib	COUNTY CECIL MARYLAND	STATE M () COUNTY ()	ECIL
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
pui	OR and give nearest town) (in this place) 3 weeks	TOWN NORTH FAS	T
2	HOSPITAL OR	STREET (If rural give location	n) /
ari	, INSTITUTION OR	ADDRESS	, H 1
cle	0/4/0/0/1/20-1	RUKA	
death clearly and	DECEASED: 1	Last) 4. DATE (Month)	(Duy) (Year)
ea	(Type or Print) LOTTIE	AKER DEATH: 7 -	23 1915
of	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday Months Months	Days Hours Min.
ses	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12	2. CITIZEN OF WHAT
causes	work done during most of working life, even if retired): Housewife	manya	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
the	1,05 1111 1110	B. C. B. RINGAN	
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates	TOFF MAUSO W	-1. E MI
ease	NO of service) NONE		THEAST MI
plea	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
124	11.112 V		ONSET AND DEATH
30	IMMEDIATE CAUSE (A)	emia	7 days
Physicians	ANTECEDENT CAUSE (S) DUE TO	11.10	
ysic		erstitial Nepheritis	lyrs.
Phy	STATING UNDERLYING CAUSE LAST.	0 1 1 1 1 2	
	(260x) (c) Hypertansive	Cardioussular Renal Disense	5 yrs.
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 4 11:1	
Or	DISEASE OR CONDITION CAUSING DEATH.	tes Mellitus	10yrs.
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
			YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., of the contribution of	ory. 21c. WHERE DID (City or town) (Con INJURY OCCUR?	inty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
13	22. I hereby certify that I attended the deceased from 15 A	pril 10 55 to 23 April 10 55 that I la	at any the deces
age		2 . 4	
	alive on 3 Apr. 1955, and that death occurred at	71/0 P. M, from the causes and on the dat	e stated above.
rec	Ma H Harling M.D.	A1 11 F. J & J	14 And 1 '55
correct	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town,	or county) (State)
	REMOVAL (SPECIFY)	AKMP mother and	C. 16 h.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR DYL FLORE	Jan Del h hart	T.East Daw
	you .	Tour & have 110.00	y ceren. 1019





	DEPARTMENT (BALTIMORE, 18 (Reg. Dist.	3580 No. 92
CITY (If outside corporate limits, write RURAL	ARYLAND LENGTH OF STAY	STATE Ind	COUNTY COUNTY CALL AND THE LIMITS, WRITE RURAL A	al
OR and give seerest town)	(in this place)	OR TOWN	I ton	21
OR and give regrest (win) OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle of the control of th	0	STREET ADDRESS	(If rural give location)	-/
3. NAME OF (First) (Middigle of Type or Print) HENRY	Action	CHELL	OF O	(Year) 6 1955
	B. DATE OF	BIRTH: 9. AG	E last birthday IF UNDER IY Months D	ays Hours Min.
work done during most of working life, eyen if retired):	OF BUSINESS	BIRTHPLACE (State	or foreign country): 12.	COUNTRY?
Adding of W. arthur Mitchel	2	MOTHER'S MAIDE	NAME:	
	AL SECURITY NO.	lyabeth	DRESS:	re let celle
In the service of the	Mane d	is in with	fillatin	Upper AND DEATH
H	0 ++ 1	1+11 1	· + · · lut	Land years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Done of	MAT IS	Brit 8	2 meds
	GS OF OPERATION		0	20. AUTOPSY?
- IZIA. ACCIDENT WAS UNDERLING ZID. FLAC	E (Home, farm, factory, street, office bldg., etc.	21c. WHERE DID INJURY OCCUR?	(City or town) (Count	y) (State)
M. at work	Not while	21F. HOW DID INJUI	RY OCCUR?	
22. I hereby centify that I attended the decea alive on A 1955, and that designature 1201	eath occurred at σ	ELD W	ne Ali	stated above. SE SIGNED
23. BURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAT'S SIGNA	Chim,	Cemeter Cemeter	OCATION (City, topin, or	county) (State)
DATE REC'D BY LOCAL REGISTRAT'S SIGNA RECHETRAR GENERAL	TURE	Pepper Jun	eal Hong &	ADDRESS Ind

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2505	NT OF HEALTH—BALTIMORE, 18	03581
	E OF DEATH Reg. Dist.	. No
Item 9. Filmg180 4-18-55 et I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
1. PLACE OF BEATR:	2. USUAL RESIDENCE (HOME) OF DECEASED:	>
COUNTY MARYLAND	STATE WOOVERED COUNTY CC	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town)	CITY (If outside preporate limits, write RURAL and	d give nearest town)
OR and give nearest town) TOWN (in this place)	OR AMADIO	V
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Menth) (Day	y) (Year)
DECEASED: (Type or Print) Banelou	houre & DEATH: Office 2	nul (Tear)
	OF BIRTH: S. AGE last birthday: IF UNDER 1	The same of the sa
5. SEX: 6. COLOR OR RACE WHOWED, DIVORCED, (Spechy): Warried /0-2	Months!	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country): I	2. CITIZEN OF WHAT
work done during most of working life, even if retired): Supt SAND + GRAVEL TIA	+ M J	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4974
a el ba ana	= >0 .	
Ib. Was Deceased Ever In U.S. Armed Forces 7 I6. Social Security No.: 17.	INFORMANT & ADDRESS:	-
(Yes, no, or unk.) (If Yes, give war or dates of service)	0 1 1 2 7	
NU	Sorday more fr. houncas	t hid
I8. MEDICAL (CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
H20.0 Immediate cause (a) Coronary	CAR JUSERI	45 huenel
DUE TO		
Antecedent cause(s)	Leent man Dia	
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CFTY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work ☐ at work ☐		
22. I hereby certify that I attended the deceased from.	19.5.6 to QLV 2 19.6.6 that I last s	saw the deceased
01.0		
signature of that death occurred at	A. ADDRESS ADDRESS	n DATE SIGNED
X 1000 111 1000 10 11 11 11 11 11 11 11 1	LANK YOUT LAW.	Octor H135
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or c	0 1
REMOVAL (Specify):	bedick booth fact 1	2 da ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-5-3 Same, & Rathermel	Joseph B Shout north E	nes med
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1 +	MARYLAND STATE DEPARTMENT OF H	HEALTH—BALTIMORE, 18 ()	P589.
correct	MEDICAL EXAMINER'S CER'	TIFICATE OF DEATH	No. 92
	I, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	8
The bly.	COUNTY COUNTY MARYLAND	STATE MA COUNTY COUNTY	ece
carefully. Tl	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town Outside City this place)	CITY (If outside cornerate limits write RURAL and OR TOWN	ral ·x
n care y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
f information death clearly	3. NAME OF DECEASED: (First) (Middle) (Type or Print)	CLagt) A h. 4. DATE (Month) (Day OF DEATH 4 /	5 1965
infor	5. SEX. 6. GOLOR OR 7. SINGLE, MARRIED, 8. DATE WILLIAM 16-	of BIRTII: 9. AGE last birthday: IF UNDER I Y Months Da	YEAR IF UNDER 24 HRS
of of	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of order life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY OF WHA
every iten	13. FATHER'S NAME: OLah.	14. MOTHER'S MAIDEN NAME:	
P + 2 + 2	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 16. 3 - 03 - 00 440	17. INFORMANT & ADDRESS. Udvilfh Olah. Ellei	on Ind.
SERVED INK. Supplease wri	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	u mound of	INTERVAL BETWEEN ONSET AND DEATH
H E	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
WRITE PLAINLY, WITH ge is especially important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
ing,	PRIMARY OF CONTRIBUTING DESCRIPTION OF STREET OF DEATH.	Election 10 Ceril	Ind
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work injury 4 15 55 2 M.	Slutself with 16 ga	usegim
FE Pespe	22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes [], Accid	lent 🗌 , Suicide 💢 Homicide 🔲 , Undeter	rmined cause 🗌
WRI'	SIGNATURE CORDOCIACON	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 4-15-53
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 4/19/56 New Symmetric	a Consister Contra Elleton R. D.	me
Alba PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. LIDIE 16 JULY 17 JULY 1	24. FUNERAL DIRECTOR	ADDRESS
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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

3597

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	0'0
MARYLAND MARYLAND	Maryland	aleur
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (II outside corporate limits, write RURAL and give	e nearest town)
TOWN CONCELL - Nurack, Well (in this place) (in this place) (in this place)	STREET (If rural, give location)	MU, A
ON STREET ADDRESS 2106 Banks dals Road humb. A	address 106 Barbadals Rond.	heward. Des
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Audrey May Ph	I hower DEATH TONK	6 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 7. AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	CITIEBN OF WHAT
done during most of working life, even if retired) INDUSTRY	1 (Mary land.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Philhouse	Detty Jans Gork	ran
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
Nong	1 moles	
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
490 Immediate cause (a) Treuminia	- lobar	Jus days -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
my.		Yes No G
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Bouls.	, 1947, to April 6, 1943, that I last as	w the deceased
alive or Boul 5, 1965, and that death occurred at	ADDRESS from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	Shoty had con	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) of 9 Nobele C	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	of Chest Far newark	ADDRESS
The Japan J The Frague	1 7. I fores mucoul &	ral

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3598 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

RE,	18	03584
Reg	Dist	No 96

& SON, Havre DeGrace, Md.

1. PLACE OF DEATH:	2.	USUAL RESI	IOENCE (HOME) OF	DECEA	SED:		
county Cecil MARYL	ANO	STATE Mar	beefire	COLINIT	v Gar	mett		
CITY (If outside corporate limits, write RURAL) LENG	TH OF STAY	CITY(If outside	de corporati	limits wri	to BURA	I and o	ive peepe	et town)
OR and give nearest town) (in	this place)	OR				L anu g	ive neares	ot wwii)
X TOWN Perry Point 4 Mc	onths	TOWN M	lountai	n Lake	Park	- 1	1x-	2
HOSPITAL OR		STREET		(If rural g	ive location	on)		
50 STREET AODRESSETERANS Administration	Hospital	AOORESS						
3. NAME OF (First) (Middle) OECEASED:	(Last)		4.	DATE (Me	onth)	(Day)	(Ye	ar)
(Type or Print) LOUIS I	PREVO	ST		DEATH:	April	1	19	55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED,	8. OATE OF	BIRTH:	9. AGE I	ast birthday		YEAR		
RACE: WIDOWEO, DIVORCED		t adams			Months		Hours	Min.
Male White (Specify): Divorce	1 12-29-18		1	67 yrs.				
work done during most of working life. OR INDUST	BUSINESS 11.	BIRTHPLACE	E (State or	foreign cou	ntry): 1	2. CITI	ZEN OF	WHAT
even if retired): Veterinarian Self empl	oved	Penna.				US		
13. FATHER'S NAME:	14.	MOTHER'S		NAME:			4 4	
OT AIRE IDDITIONS D		MARY PE						
CLAUDE PREWOST - Deceased 15, WAS DECEASED EVER IN U.S. ARMEO FORCES! 16. SOCIAL SE	- 17	INFORMAN			aseu			
15. WAS DECEASED EVER IN U.S. ARMEO FORCES: 16. SOCIAL SE (Yes, no, or unk.) (If Yes, give war or dates								
yes of service) WW-I Unknow	wn Hos	pital Re	ecords,	VAH., P	erry 1	Point	, Md.	
	CERTIFICATION						ERVAL B	ETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO							SET AND	
191V Doni								
/ A / A Peri	tonitis diff	use. due	e to le	akage	from			
	tonitis, diff				from	72	-96 H	rs.
IMMEDIATE CAUSE (A)	tonitis, diff rethro Sigmo				from	72	-96 н	rs.
ANTECEDENT CAUSE (8)	rethro Sigmo	oidaí ana	astomos		from	72		
ANTECEDENT CAUSE (8) OISEASES OR CONDITIONS, IF ANY, (B) CA		oidaí ana	astomos		from	72	-96 H Unkno	
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUF TO	rethro Sigmo	oidaí ana	astomos		from	72		
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO	rethro Sigmo	oidaí ana	astomos		from	72		
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUF TO	rethro Sigmo	oidaí ana	astomos		from	72		
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	rethro Sigmo	oidaí ana	astomos		from	72		
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.	rethro Sigmo	oidaí ana	astomos		from	72		
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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

t)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	सिल्पु. पीरिक्ष
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 92
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The Iy.	COUNTY LO LICE MARYLAND STATE MG COUNTY LO LI	18
ly.	CITY (If outside property Whits, write RURAL LENGTH) OF STAY OR and give recent town) OR and give recent town.	give nearest town)
ful	2/TOWN and give regrest townston Thous. Town Chiton Rus	al. X
n carefully. The	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	1
n of information of death clearly	3. NAME OF DECEASED: (Type or Print) LIN (A (Middle) REE (Month) (Day OF DEATH 4 3	19 55
infor	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: WIDDER 1 Y WIDDER 1 Y OR SPRINGLE OF BIRTH: 9. AGE last birthday: Months Da	
em of	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work dependation good of life, even of the life	CHIZEN OF WHAT
every item he causes of	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME COLOREST	
H P 43	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pa or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: White Service (Yes, pa or unk.) (If Yes, give war or dates of service)	Ind.
Supply	18. MEDICAL CERTIFICATION	1 7
4 4 4 4	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
INK.	1 1 acute Coronary Thrombonis	
D D	DUE TO	
NI Su	Antecedent cause(s) Diseases or conditions, if any, (b)	
AD icia	giving rise to the above cause DUE TO	
UNFADING Physicians:	stating underlying cause last (c)	
H H	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
AINLY,	21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc., INJURY 21c. (City or town) (County)	(State)
PLAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work at work	
	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection	Inquiry , and
ITI is e	find that death resulted from: Natural causes Accident , Suicide , Homicide , Undeter SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
WRITE ge is es	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	4-3-55
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or company)	inty) (State)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RE	ADDRESS
	The state of the s	

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Physicians:

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DATE REC'D

REGISTRAR

1. PLACE OF COUNTY CITY (If

5. SEX:

INSTITUTI ASTREET A NAME OF

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13. FATHER'S

IS, WAS DECEASE

(Yes, no, or un

Yes

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 0.25 817
36 10 CERTIFICATE	E OF DEATH Reg. Dist. No. 99
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) Town Perry Point 30yr.10mo.24d	OR .
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Administration Hospit	STREET (If rural give location)
NAME OF (First) (Middle) DECEASED: (Type or Print) FRED K.	(Last) 4. DATE (Month) (Day) (Year) RILEY OF DEATH: April 15 19 55
RACE: WIDOWED, DIVORCED.	-1892 9. AGE last birthday 17 UNDER YEAR 17 UNDER 24 HRS.
work done during most of working life. even if retired): Brass Worker OB. KIND OF BUSINESS OR INDUSTRY: Ringait's Brass Comparison of the property of th	ii. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Barclay E. Riley	Mary E. Taylor
yaa Deceased Ever in U.S. Armeo Forces: s. no, or unk.) (If Yes, give war or dates of service) WW I Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pvelonephronis bilateral severe IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S Prostatic hypertrophy and obstruction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (c) Uremia, hremic poisoning(clinical)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of right femur

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory.) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)

LOCAL

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

While Not while at work at work

22. I hereby certify that attended the deceased from 5-22 , 19 24, to 4-15 , 19 55, MACCORPORADORNOUS CONTRA ADDRESS SIGNATURE

21E INJURY OCCURRED

Professional Services 23. BURIAL, CREMATION. NAME OF CEMETERY Removal

Harmony Cha

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

DATE SIGNED

(County)

INTERVAL SETWEEN

ONSET AND DEATH

Unk.

2 weeks

20. AUTOPSY?

NO

(State)

(State)

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SON, Perryville, Md/

(City or town)

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MARYLAND STATE DEPARTMENT OF HEALTH

3691

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY Cecil MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OWN The accrete town) 1				
CETY (If outside coporate limits, write RURAL and LENGTH OF STAY (If othis place) TOWN tive nearest town 1/t to N RD 3 TOWN tive nearest town 1/t to N RD 3 NSTREET ADDRESS NAME ON STREET ADDRESS NAME ON CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C STREET ADDRESS NAME ON CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN Eltton RD 3 NAME OF CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, TOWN ELTCAN COUNTY OF WHAT TOWN COUNTY OF THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIED, CAN THAIL JOHN C SIVILE, MARRIED, CYPE OF THAIL JOHN C SIVILE, MARRIE		2. USUAL RESIDENCE (I		JTY
OR give nearest town 1 1kton RD 3 (1g fhis place) TOWN Elkton RD 3 (1g fhis place) Town RD 1g fire RD 1g flow	Cecil MARYLAND	Ma	rvland	Cecil
HOSPITAL OR OR STREET ADDRESS 5. NAME OF DECASED (First) DECASED (Type of Print) DECASED (Type or Pri	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
HOSPITAL OR OR STREET ADDRESS 5. NAME OF DECASED (Type of Print) John Calvin (Middle) Ritchie (Last) Ritchie (Decasion) John Calvin (Middle) Ritchie (Decasion) Ritc	X TOWN Elkton RD 3 49 yrs	TOWN Elkton	2 RD 3	X
NAME OF DECASED John Calvin Middle Ritchie 4. DATE (Month) (Day) (Year) DECASED John Calvin Ritchie DF APTII 12 15.55	HOSPITAL OR INSTITUTION OR		(If rural give location)	/
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE last birthay Hunder 12 bray Hunder 24 bray Months Days Hours Hours Months Days Hours Hours Months Days Hours Months Days Hours Months Days Hours Months Days Hours Hou		(Last)		(Day) (Year)
Male White Specified 12-29-1883 71 yrs. Months Days Hours Min. 19a. USUAL OCCUPATION (Give kind of work Job. Kind of Business on the Constitution of the Constitution	(Type or Print)		OF DEATH APri	7 70
10a. USUAL OCCUPATION (Give kind of work one during most of working one during most of working one during most of working one during one	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED		9. AGE last birthday If un	der 1 year If under 24 hrs.
done during most of watchedite. The directived of Escape of Section 18. ACTION 18. ACTION 18. ACTION 18. ACTION 18. ACTION 19. ALAND FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. ACTION 18. MEDICAL CERTIFICATION	Male White (Specify) Married	12-29-1883		Days Hours Min.
18. FATHER'S NAME William Thomas Ritchie 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (Yes, no, or unknown) (If yes, give war or dates of DO 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause statug the underlying cause last (c) 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION 20. AUTOPSYI 194. DATE OF OPERATION 194. MAJOR FINDINGS OF OPERATION 20. AUTOPSYI 194. DATE OF OPERATION 194. MAJOR FINDINGS OF OPERATION 20. AUTOPSYI 20. AUTO	10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR done during most of working life, even firsting V INDUSTRY Paper		or foreign country)	12. CITIZEN OF WHAT
15. Was Deceased Ever In U.S. Armed Forcest 16. Social Security No. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of 14 - 01 - 03 65 Unforced Language 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Marked Language 18. MEDICAL CERTIFICATION 18. MEDICA		14. MOTHER'S MAIDEN	NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT. (Yes, no, or unknown) (If yes, give war or dates of 16. Social Security No. 19. Armediate Cause (a) 14-01-03-65 who a water like the control of 100 mervices (b) 14-01-03-65 who a water like the control of 100 mervices (c) 100 mervices (a) 100 mervices (c) 100 mervices (c) 11. OTHER SIGNIFICANT CONDITIONS (c) 11. OTHER SIGNIFICANT CONDITIONS (c) 11. OTHER SIGNIFICANT (C) INDICATE (c) 11. ACCIDENT (Specify) PLACE (Home, farm, factory, street, or official sections of 100 mervices (c) 11. ACCIDENT (Specify) PLACE (Home, farm, factory, street, or official sections (month) (Day) (Year) (Hour) (NJURY OCCURRED (Month) (Month) (Day) (Year) (Hour) (NJURY OCCURRED (Month)	William Thomas Ritchie	Annie Reed		
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I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause less Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Make of Not While at	(Yes, no, or unknown) (If yes, give war or dates of) 14-01-02-55	Viste (K. T.D. I	Elkton, RD 3 M	nvland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) CITY OR TOWN) (COUNTY) (STATE) SUICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED How DID INJURY OCCURR? INJURY Month) (Day) (Year) (Hour) INJURY OCCURRED How DID INJURY OCCURR? INJURY Month) (Day) (Year) (Hour) OFfice bldg., etc.) How DID INJURY OCCURR? INJURY Month) (Day) (Year) (Hour) OFfice bldg., etc.) How DID INJURY OCCURR? INJURY Month) (Day) (Year) (Hour) OFfice bldg., etc.) How DID INJURY OCCURR? OF OFFI OFF		The state of the s		-,/
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BETTAL Specify April 15-55 Sharp's Elkton RD 3 Cecil County DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL PRECTOR ADDRESS	SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
Burial (Specify) April 15-55 Sharp's Elkton RD 3 Cecil County DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL PRECTOR ADDRESS	Youl y arking 17-1)	Elhan	- wad	CABUITY 13
BETTAL Specify April 15-55 Sharp's Elkton RD 3 Cecil County DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL PRECTOR ADDRESS	35. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town, or co	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	Burial (Specify) April 15-55 Sharp's	, 1	Elkton RD 3 C	ecil County
DEC A A A A A A A A A A A A A A A A A A A		24 FUNERAL WIRECTO	OR OR	
15 The trace Duph Man North East M	REGGER 1/5- Thank	Joseph M. Brand	North Frat	2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

2361 81 AAA

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3692	CERTIFICATI	E OF DEAT	H Reg. Dis	st. No. 96
1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEAS	ED:
COUNTY Decil	*******	STATE N. C		
COUNTY UGCII CITY (If outside corporate limits, write R	URAL LENGTH OF STAY		orporate limits, write RURAL	and give nearest town
OR and give nearest town) Youn Perry Point	17 yrs. 9mo. 13d	OR	ville	70 x - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admi	nistration Hospi	street ADDRESS 176	St. Dunstens Roa	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) JERRY	M.	ROBERTS	OF DEATH: April	12 19 55
5. SEX: 6. COLOR OR 7. SINGLE,	D, DIVORCED,	of BIRTH: 9.	AGE last birthday IF UNDER Months Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glazer	R KIND OF BUSINESS OR INDUSTRY: UNKNOWN	North Carol		COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Burnet Roberts	- Deceased	Alice Tweed	- Deceased	T WALL
18. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) If Yes, give war or dates of service) Peacetime	unknown	Hospital Reco	ords, VAH, Perry	Point. Md.
	S. MEDICAL CERTIFICAT			INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEAT
4911	Pneumonia	hronchial hi	Llateral, severe	5 to 6 day
/ IMMEDIATE CAUSE	(A) THEUMOTILE,	or ononiada, or	dateral, severe	, 00 0 daj.
ANTECEDENT CAUSE (S)		anatia basut d	Hanna madayaka	la contenana
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		terotic neart c	lisease, moderate	ly unknown
STATING UNDERLYING CAUSE LAST.	OUE TO severe			
		cerebral, lef	t hemisphere,	2 to 3 hrs
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE OMETT			
	FINDINGS OF OPERATIO	N		20. AUTOPSY?
		•		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac INJURY street, office bldg.,	, etc. INJURY OCCUR		inty) (State)
OF INJURY VA M.	While Not while at work	D 21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that Dattended th	e deceased from 6-3	10 , 19 37, to 4-	-12 , 19 55, MARQOR	SCASASONO CARGONS
W. OPPLER, Chief, Profess		ADDRESS		stated above. ATE SIGNED 4-13-55
23. BURIAL, CREMATION, DATE THEREOREMOVAL (SPECIFY) REMOVAL (SPECIFY) 4-13-55		ERY OR CREMATORY	LOCATION (City, town, unknown	or county) (State
DATE SECIE BY LOCAL DECICEDADIC		T OA THURSDAY DU		

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE TYPE OR

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BUREAU V. S.

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Physicians

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1. PLACE OF COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEA'	A / I ' I	Δ	HC.	-122	CDH.		A			ľ	:K	
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				recg. Dist. 110	. 70
DEATH:		2.	USUAL RESIDENCE	E (HOME) OF DECEASED:	
Cecil	MARYLAND		STATE Marylan	d county Cecil	
outside corporate limits, write RUR	AL LENGTH OF STAY			orate limits, write RURAL and gi	ve nearest town)
rry Point	7 Days		TOWN RFD #1.	North East	X
OR ON OR	12 (7) (1) (1)		STREET ADDRESS	(If rural give location)	1
DRESSVeterans Adminis	stration Hospit	1	RFD #1		

X	OR and give nearest town) TOWN Perry Point	(in this place) 7: Days	OR TOWN RFD	#1. North East	KAL and g	ive nearest town
4	HOSPITAL OR INSTITUTION OR	247 2 2 151	STREET ADDRESS	(If rural give lo	cation)	1
~	Veterans Administr	ation Hospit	al RFD	#		
3.	NAME OF (First) (Mid		Last)	4. DATE (Month)	(Day)	(Year)
	(Type or Print) WILLIAM (N	MI) ST	OPPET.	DEATH: Apri	7 9	19 55
5.	SEX: 6. COLOR OR 7. SINGLE, MARR		OF BIRTH:	9. AGE last birthday 1F un	DER I YEAR	IF UNDER 24 HRS.
M	ale White (Specify): Marr		891	63 yrs. Mon	ths Days	Hours Min.
10/	USUAL OCCUPATION (Give kind of work done during most of working life. OR I	OF BUSINESS	II. BIRTHPLACE	(State or foreign country)		ZEN OF WHAT
	even if retired) Carpenter		Maryland		USA	
13	. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:		
	Charles Stoppel		Josephine Re	olf .		
	WAS DECEASED EVER IN U.S. ARMED FORCEST 16. 80	CIAL SECURITY NO.	17. INFORMANT	& ADDRESS:		

Yes of service) WWI	705-12-1818	Hospital	Records, VAH,	Perry F	oint, Md.	
	18. MEDICAL CERTIFIC	CATION			INTERVAL BET	WEEN
DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND D	EATH

Pneumonia Bronchial due to IMMEDIATE CAUSE Totalcification of Aortic Mitral Valves & ANTECEDENT CAUSE

insufficiency of both valves & hypertrophy Unknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO

STATING UNDERLYING CAUSE LAST Other Arteriosclerosis severe Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. MAJOR FINDINGS OF OPERATION

20. AUTOPSYT

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED
While Not while 21D. TIME (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY at work L at work

22. I hereby certify that wattended the deceased from 4-2 , 19.55, to 4-9- , 19.55, the Deceased the deceased from 4-2

MOCATION (City, town, or county)

Bay View Maryland SIGNATURE DATE REC'D FUNERAL DIRECTOR ADDRESS REGISTRAR

correct SE A15 EA VS.

2 to 3

days

(State)

(State)

SECEIVED STATE

10

11.

21a. EXTERNAL CAUSE WAS

OF INJURY

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

21d. TIME (Month) (Day) (Year)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	R3581
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 96
PLACE OF DEATH: COUNTY O MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE O COUNTY O L COUNTY O L COUNTY O L COUNTY O L COUNTY O	il
OCITY (If outside corporate limits, write RURAL LENGTH DESTAY OR and give hearest them) Office of the County of Town Town	give nearest town)
HOSPITAL OR NSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS	/
NAME OF DECEASED: (First) ELIZABETA (Last) 4. DATE (Month) (Day OF Print) NNIE ELIZABETA (TAYLOR) OF DEATH 4 30) (Year) 1963
SEX: 6. COLOR OR 7. SINGLE, MARKIED, 8. DATE OF BIRTH: 9. AGE Lest birthday: WIDDER 1 Y Months Da	EAR IF UNDER 24 HRS. Hours Min.
a. USUAL, OCCUPATION (Give kind of 19b. KIND OF BUSINESS OR work lone during most of work life, every control of the control o	CONSTRATE CONSTRATE
FATHER'S NAME: IVUININ THE WAIDEN NAME?	
Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO.: 17 INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO.: 17 INFORMANT & ADDRESS: 17 INFORMANT & ADDRESS: 18 INFORMAN	forthed
18. MEDICAL CERTIFICATION	
Immediate cause (a) (a) OUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	
Diseases or conditions, if any,	
giving rise to the above cause DUE TO stating underlying cause last	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?

21c. (City or town)

21f. HOW DID INJURY OCCUR?



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age

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PLEA

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry Undetermined cause []. Accident □, Suicide □, Homicide □, find that death resulted from: Natural causes X, CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE M. D.

Not while at work

OF street, office bldg., etc., INJURY

21e. INJURY OCCURRED

While at

work [

(Hour)

M.

20. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (Specify) : Burial Hopewell -1955 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REG.

Rural ADDRESS

(County)

(State)

DATE SIGNED

BUREAU V. S.

SZEL A YAN,

BECEINED

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03592

CERTIFICATE OF DEATH

Reg. Dist. No....

	7-27
1. PLACE OF DEATH. COUNTY Coul . MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negret town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN August X
HOSPITAL OR ORTHEET ADDRESS	STREET ADDRESS 3 miles - W. of Rising Sen
3. NAME OF (First) DECEASED (Type or Print) Varry Claylon	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 4 22 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mexical	8. DATE OF BIRTH Months Days If under 24 hrs. Months Days If under 24 hrs. Months Days III under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRCHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAME Thadden Todd	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	It INFORMANT Lila May Todd Rising Sun md
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4.20,0 Om	0.00
Immediate cause (a)	Mills and a day
Antecedent cause(s)	0 0 000
Diseases or conditions, if any, (b)	were constructed to the
stating the underlying cause last (c)	moly Odeant Disease 2 mgs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work A work	HOW DID INJURY OCCUR?
	62 4120 6
	19.54 to 4.122, 19.55, that I last saw the deceased
alive on 4,22, 19.5.5, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	Kianio Sm. 4/23/66
REMOVAL (Specify) 4726/53 Offerd	, Pa. Oxford Chester Ga
199023-11 LIMM Whingen	Ralph m Reed Rising Sun, md

BUREAU V. S.

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BECEINED

VS. A15A - 5 - 53

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

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Regl	4)	isi	J	บ

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 94

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	50
COUNTY OLU MARYLAND	STATE MU COUNTY VILL	u
CITY (If ordine corporate limits, write RURAL Cin the place) OR and give nearest town) TOWN LEMOTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN OR COLOR	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
(Type or Print) ARRY. LAWSON	RIMBLE 4. DATE (Month) (Day)	(Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DWORCED 8. DATE (Springle Color of the colo	6-1899 53 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of the KIND OF BUSINESS OR WORK life, The STRY:	11. BIRTHPLACE (State or foreign country): 12.	CHIZEN OF WHAT
Harry D Prinble	14. MOTHER'S MAIDEN NAME:	u
15. Was Deceased Ever W U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	T. INFORMANT & ADDRESS; When horth	East Nord
	L CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	B De DIALISI	ONSET AND DEATH
Immediate cause (a)	2000000	EBI
Antecedent cause(s)	sion	
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes , Accid	ent \square , Suicide \square , Homicide \square , Undeter	mined cause [].
alwousen	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-25-53
	arian Cem - Bron 7	nayland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4-26-55 Saraly E. Rothermel	Joseph R. Grant, North Es	L md_

DECEIVED 1955

DATE SIGNED 4-14-55

ADDRESS

(State)

LOCATION (City, town, or county)

Va.

Arlington,

Perotraten & Son Pilavre de Grace, Md.

3007	ERTIFICATI	E OF DEATH Reg. Dis	it. No. 96
COUNTY Cecil CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Perry Point	MARYLAND RAL LENGTH OF STAY (in this place) 29 days	2. USUAL RESIDENCE (HOME) OF DECEASE District of Columbia COUNTY CITY(If outside corporate limits, write RURAL OR TOWN Washington	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admin		STREET (If rural give location	47x-3
NAME OF (First) DECEASED: (Type or Print) S. SEX: 6. COLOR OR 7. SINGLE,	(Middle) A.	(Last) WALTON OF DEATH: April OF BIRTH: 9. AGE last birthday 1r under 1	(Day) (Year) 13 19 55
Male Negro (Specify): OA. USUAL OCCUPING most of working life. even if retired):Blacksmith-Ret.	Married 3-2	27-1894 61 yrs. Months 11. BIRTHPLACE (State or foreign country): 12	Days Hours Min.
3. FATHER'S NAME: Frank Wal		14. MOTHER'S MAIDEN NAME: Louisa Callas - Deceased 17. INFORMANT & ADDRESS:	OOA
Yes no, or unk.) (If Yes, give war or dates of service) WW I	Unknown	Hospital Records, VAH, Perry	Point, Md.
18 DISEASES OR CONDITIONS DIRECTLY L			INTERVAL BETWEEN
ANTECEDENT CAUSE (8)	(A) Peritonitis Carcinomatos	is generalized, with	unknown
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	E TO perforation	as of the small bowel	unknown
I OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DEA	TH. Pulmonar	y congestion and edema	1 to 2 days
9a. DATE OF OPERATION: 198. MAJOR F	INDINGS OF OPERATIO	N	20. AUTOPSY7
1A. ACCIDENT WAS UNDERLYING 21B. R CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac NJURY street, office bldg.,		nty) (State)
F INJURY VA M.	21E INJURY OCCURRED While Not while at work		
		9:358 M from the causes and on the date	

NAME OF CEMETERY OR CREMATORY

Arlington National

Professional Services

SIGNATURE

DATE THEREOF

REGISTRAR'S

4-14-55

ADDRESS

24. FUNERAL DIRECTOR

VAH, Perry Point, Md.



MARGIN RESERVED FOR BINDING

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write INK. please

Physicians:

important. PLAINLY

especially WRITE

2 OR age TYPE

correct

PLEASE

SIGNATURE

REGISTRAR

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

Removal

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Name of the state of the state

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Manager berg las-lise design to the

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BUREAU V. E.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03595

3608 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND		UNTY Cecil
COUNTY CECII MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Port Deposit Rural 26 yrs	CITY (If outside corporate limits, write RURAL	and give nearest town)
Hospital or institution or street address Happy valley	STREET ADDRESS Happy Valley	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Cornelia Coper Willia	(Last) 4. DATE (Month) (D	(Year) 0 19 55
	OF BIRTH: 9. AGE last birthday: If UNDER I	
10a. USUAL OCCUPATION Give kind of work done during most of working life, Directorized ppy Valley Camp. Owner 13. FATHER'S NAME:	Maryland 14. Mother's Maiden NAME:	CITIZEN OF WHAT COUNTRY?
(Yes, no, or unk.) (If Yes, give war or dates of	Anna Rebecca Wells INFORMANT & ADDRESS: Tletcher P. Williams Port I	eposit.Md.
Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ### Conditions of the	y Occlusion nyocardites.	Interval Between Onset And Deadh 3 Months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 1955 and that death occurred at SIGNATURE (Degree or title)	How DID INJURY OCCUR? 1.79.55, to Up 1019 5 5 that I las	e stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	4=12-55 county) (State)

VS. A15

PLEASE WRITE

BUREAU V. S.

APR 14 1955

BECEINED

MARGIN RESERVED FOR BINDING

10 - 53

A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3585	CEDTIFICATE	OF	DEATH
3083	CERTIFICATE	OF	DEATH

03596 Reg. Dist. No.

1. PLACE OF DEATH:		1 a HOHAL BEGINS		
		2. USUAL RESIDEN	ICE (HOME) OF DE	ECEASED:
COUNTY Cecil	MARYLAND	STATE M	d. COUNTY	Kent
CITY (If outside corporate limits, write R OR and give nearest town)		CITY(If outside co	rporate limits, write I	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give	location)
UNION HO				
3. NAME OF (First) DECEASED: (Type or Print) Bertha		(Last)	4. DATE (Month OF DEATH: 4/	(Day) (Year) 14 1955
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE		AGE last birthday 1r M. 77 yrs.	under 1 Year If under 24 Hrs. onths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Housewife	B. KIND OF BUSINESS OR INDUSTRY: Own home	Maryland	ate or foreign country	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W. Jarman		14. MOTHER'S MAI	DEN NAME:	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST	18. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service)	none			icktown Md.
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY.	(A) Respirat	bry paralys	ecident	12 holys.
STATING UNDERLYING CAUSE LAST.	(c) Arterios	dentic cete	bral vesse	s years.
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE Generali	zed Arterios	clerosis + As	thing years
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory, 21c. WHERE DI		(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the alive on Africal Hours, 1955, and SIGNATURE Wallace Olemakan	While at work I at work I at work I that death occurred at	9 pM, from the ADDRESS	causes and on the	t I last saw the deceased e date stated above. DATE SIGNED Apr. 16 1955
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the alive on Africa. 1955, and SIGNATURE	While at work I	1954 to Ap. 95 M, from the ADDRESS 1. D. Cec	1/14, 1965 tha	e date stated above. DATE SIGNED Apr. 16 1955 town, or/county) (State)

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APR 20 1955

03597

(Year)

(Day)

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1. PLACE OF DEATH:

HOSPITAL OR

STREET AODRESS

COUNTY

NAME OF

Y TOWN

3	DECEASED:	(First		TI		leyhan		EATH: A		(Day)	19	
uearu	(Type or Pri	nt) Mary		MARRIED I 8		OF BIRTH:	9. AGE last				19	
10	0. 0EX.	RACE:	WIDOWE	O, OIVORCED,			O. AGE INS		Months		Hours	Min.
campa	Female	White		MICOMEC		.10.1857	1 98	yrs.				
	Work done du	CUPATION (Gi	ve kind of 10s	B. KINO OF BUSIN	IESS	11. BIRTHPLACE	(State or fo	reign cour	ntry):		ZEN OF	WHAT
		dusewife		Own Home		Maryla	and			US	.A.	
	13. FATHER'S					14. MOTHER'S	AAIDEN NA	ME:				
I	De la lica	Benjamin	Walmsl	ev		Saral	n E. F	ields	3			
	IS. WAS DECEASED	EVER IN U.S. A	MMED FORCEST	16. SOCIAL SECURITY	No.	17. INFORMANT	& ADDRES	SS:				
	(Yes, no, or unk	(If Yes, give of service)	war or dates	None		Rena Rho	ades	Earl	evi	lle N	D.	
I				18. MEDICAL CER		ON				INT	ERVAL BI	TWEEN
l	a A dia		S DIRECTLY	LEADING TO DEAT	Н		/ -			ONS	ET AND	DEATH
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ı		ENT CAUSE	(S)	1.1		calantia	11/2 -	LDE	0 - 00		,	-
ı	DISEASES OR			(B) ///	20	chentre	Heary	VIS	ease		0 40	18
ı	STATING UND			DUE TO							/	
ı				(C)								
ı	II OTHER SIG	NIFICANT CO				1 1 1	/	/				
		R CONDITION		/ 4	rem!	red Hrt	er1050	clews	15		Veas	8
ĺ	19A. DATE OF C	PERATION:	198. MAJOR	FINOINGS OF OP	RATION					20	. AUTO	PSY?
ĺ										YE	s 🗌 1	NO Q
	21A. ACCIDENT	NG CAUSE	OF OEATH OF	B. PLACE (Home, far INJURY street, off	rm, facto	ory, 21c. WHERE	DID (City JR?	or town)	(C	ounty)	(Sta	ite)
ı	21D. TIME (Mon			21E INJURY OC	TURRED	21F. HOW DID	IN HIPV O	CCUP				
	OF INJURY	ith) (Day) (1		While Not v	hile	ZIF. HOW DID	INJUNT	CCURI				
ı			м.	at work Lat wo	rk 🗀		,					
ĺ	22. I hereby	ertify that I	attended th	e deceased from	Feb.	, 1955, to A	pr./,	19 35, t	that I	ast saw	the de	ceased
ı	alive on ./	Docil 6	19 55 and	that death occur	red at	1/30 M from	the causes	and on	the da	te state	d ahove	2
ĺ	SIGNATURE			/ death occur		ADDRE	SS		one de	DATE SI	GNED	
	Wal	ace &	1 When	show ML	М.	o. Conil	lan.	md.		Anni	19.1	1955
	23. BURIAL, C		DATE THERE	OF NAME OF	CEMETE	RY OR CREMATOR	Y LOCA	TION (Ci	ty, town	or cour	ity)	(State)
	REMOVAL		4/10/5	5	11+0	n Cema	0	ecili	ton	7.67)	
ĺ	OATE REC'D	rial BY LOCAL	REGISTRAR'S	SIGNATURE	20	24 UNERAL	DIRECTOR	1/1	1	ACT	DRESS	100
			7	A 111 - 11 11 11	1800		// 17	// //	. 1	11/1	-	- /
ļ	REGISTRAR	12	7113	1 ling. Walph	Tues	Collinan.	N VZ	(MI)	2/1	21/11	1/2.1	me

2361 E1 99A BECEINED